
From: Kaye, Melissa [/O=CORPNYCHHC/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MELISSA.KAYE.BELLEVUE.NYCHHC.ORG]
Sent: 7/12/2019 9:20:16 AM
To: Marrazzo, Kevin [marrazzk@nychhc.org]
Subject: Fw: Request for a Reasonable Accommodation
Attachments: MKayeRADRSNOTEJul19.pdf; ReasonableAccommodationRequestMKAYE.pdf; KayeMRAResult11Jul19.pdf
Sensitivity: Company Confidential

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From: Kaye, Melissa
Sent: Friday, July 12, 2019 9:18 AM
To: Kaye, Melissa
Subject: Re: Request for a Reasonable Accommodation
Hello Mr. Marrazzo
Attached please find my request for reasonable accommodations that includes my confidential medical information. ?
Thank you,

Melissa Kaye, M.D.
Medical Director
Bronx Court Clinic
phone: 718-410-2345
Fax: 718-410-2344

From: Kaye, Melissa
Sent: Thursday, June 27, 2019 2:49 PM
To: Marrazzo, Kevin
Subject: Re: Request for a Reasonable Accommodation
?I appreciate it, Thank you for reaching out to me.

Melissa Kaye, M.D.
Medical Director
Bronx Court Clinic
phone: 718-410-2345
Fax: 718-410-2344

From: Marrazzo, Kevin
Sent: Thursday, June 27, 2019 9:41 AM
To: Kaye, Melissa
Subject: Request for a Reasonable Accommodation
Dear Dr. Melissa Kaye:
As per our call, I am attaching a Request for a Reasonable Accommodation form. You can review this and we can discuss later (you did not have time to talk now).

As an administrative matter, I mentioned I had an open file on you regarding a possible accommodation. Since that matter is several months old, I will simply close that out and I can open a new one with this new request.
Thank you.

Kevin Marrazzo
EEO Officer
Office of Equal Employment Opportunity

(212) 788-3375

Fax: 347-671-8492

Marrazzk@nychhc.org

NYC Health + Hospitals

Central Office

55 Water Street, 25th Floor

New York, NY 10041

MARGARET A. SULLIVAN, M.D., F.A.C.C.

8 EAST 83RD STREET, SUITE 1B
NEW YORK, NY 10028

TELEPHONE: (212) 772-2971 FAX: (212) 772-2980

July 2, 2019

Dear Sir/Madam:

Melissa Kaye has been a patient in our practice for the last several years. She suffers from irritable bowel syndrome, atypical chest pain and anxiety. The patient experiences daily episodes of explosive diarrhea attributable to her irritable bowel syndrome, as well as episodes of chest pain accompanied by anxiety. These symptoms often occur in the early a.m. and are exacerbated by stress. We advise a later start time and the ability of the patient to work remotely so she can continue to perform the essential functions of her job. The duration of these episodes is unknown at this time.

Sincerely,



Margaret A. Sullivan, M.D.

MARGARET A SULLIVAN MD
8 EAST 83RD STREET
NEW YORK NY 10028



REASONABLE ACCOMMODATION REQUEST FORM

This form and all information must be kept confidential.

APPLICANT/EMPLOYEE INFORMATION			
Print Full Name: <div style="text-align: center;">Melissa T. Kaye</div>		<input type="checkbox"/> Job Applicant <input checked="" type="checkbox"/> Current Employee <input type="checkbox"/> Other	
Home Address: <div style="text-align: center;">500 E. 77th Street Apt 239 New York, NY 10162</div>		Phone Number: 917-842-3092 Email Address: <div style="text-align: center;">melissa.kaye@nychhc.org</div>	
EMPLOYEE INFORMATION (Complete this section if you are working at NYC Health + Hospitals, even if you are currently on leave.)			
Corporate Title: <div style="text-align: center;">Attending Physician III</div>		Functional Title: <div style="text-align: center;">Clinical Director, Bronx Court Clinic</div>	
Office Telephone Number: <div style="text-align: center;">718-410-2398</div>	Department: Correctional Health Services, FPECC	Supervisor Name and Phone Number: <div style="text-align: center;">Abhishek Jain 646-901-0640</div>	
Facility/Location: <div style="text-align: center;">Bronx Criminal Court Bldg 215 E. 161st St. Rm 3-21 Bronx, NY 10451</div>			
APPLICANT INFORMATION (Complete this section only if you are a <u>job applicant</u> .)			
Position/Title Sought:		Division/Department:	
Facility/Location:		Job Code (if known):	
Reasonable Accommodation being requested: <div style="height: 100px;"></div>			
Basis of Reasonable Accommodation Request: <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Pregnancy, Childbirth or a related medical condition <input type="checkbox"/> Status as Victim of Domestic Violence, Sex Offenses, or Stalking <small>NOTE (for Victim of Domestic Violence, Sex Offenses, or Stalking): To request a reasonable accommodation, you may be required to provide certification that you are a victim of domestic violence, sex offenses or stalking. A person may satisfy the certification requirement of this paragraph by providing documentation from an employee, agent, or volunteer of a victim services organization, an attorney, a member of the clergy, or a medical or other professional service provider, from whom the individual seeking a reasonable accommodation or that individual's family or household member has sought assistance in addressing domestic violence, sex offenses or stalking and the effects of the violence or stalking; a police or court record; or other corroborating evidence.</small>			

Is the condition for which you are requesting an accommodation:

☐ Permanent ☐ Temporary ☒ Unknown

If temporary, anticipated date accommodation(s) no longer needed:

Describe the Requested/Suggested Accommodation(s) you believe are needed to perform the essential functions of the position held or desired, or to enjoy the benefits and privileges of employment. Please be specific.

(Attach additional sheets and present supporting documentation as appropriate.)

please see attached

If equipment is requested, please specify the type of equipment needed and/or the specific type of assistance (mechanical, ergonomic, or otherwise) required for your requested accommodation.

network connected laptop computer

For Reasonable Accommodations based on Disability you may be required to provide verification by a health professional.


This CONFIDENTIAL documentation should only be provided to the EEO Officer.

Documentation must:

- ☐ Be written on the official letterhead of the qualified health professional or health professional's organization.
- ☐ Identify the health professional's credentials. e.g., M.D., D.O.
- ☐ Be dated and signed by the health professional.
- ☐ Describe the nature of the qualifying disability.
- ☐ Describe the severity of the disability and its limitations in detail as they currently exist and only in relationship to the job.
- ☐ State whether the duration of disability is permanent or temporary or unknown.
- ☐ If temporary, specify the date the disability is expected to no longer require accommodation.
- ☐ Indicate the extent to which the accommodation will permit you to perform the essential functions of the job or to enjoy the benefits and privileges of employment. It is suggested that you provide a copy of your functional job description to your health care provider to assist in the determination of whether or not you can perform the essential functions of your job with or without a reasonable accommodation. If you need a copy of your functional job description, you can request a copy from the EEO Officer and/or Human Resources.

Please note that failure to provide the appropriate documentation, which includes all of the above information, could result in a denial of your reasonable accommodation request until such information is provided. Additionally, if you wish for this office to contact your medical provider directly concerning your request for a reasonable accommodation, please complete the attached "Authorization for Release of Health Information Pursuant to HIPAA" Form.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Date 7/11/19	Requestor's Signature/Authorized Agent 
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Re: Melissa Kaye
Reasonable Accommodations Request
July 11, 2019

I am writing to request a reasonable accommodation due to my bouts of severe irritable bowel syndrome (IBS) and atypical chest pain. Both conditions have been exacerbated by the stress and anxiety I have been experiencing at work. My IBS is usually at its worst in the mornings but occurs unpredictably throughout the day.

Unfortunately, due to the increased stress I have been experiencing, I have bouts of uncontrollable explosive diarrhea most mornings. As such, I am seeking an accommodation for a later start time, a flexible schedule and to work remotely. Below please find a description of my tasks and functions.

My job is entirely non-clinical. My job is to provide psychiatric-legal reports to the Bronx Criminal and Supreme Courts. I do not provide any patient care, and there are no patient care activities or responsibilities associated with the Forensic Psychiatric Evaluations Court Clinics (FPECC), which includes the Bronx Court Clinic.

The essential on-site work that I perform is at the Bronx Court Clinic located in the Bronx Criminal Courthouse. I conduct face to face evaluations of criminal defendants, which generally takes place between 10AM and 2PM, but not always on a daily basis. The other infrequent on-site work I perform is testifying in court, which occurs on average 1 to 3 times per year.

The majority of my work is performed electronically on a computer. This includes primarily forensic report writing, and less frequently the review of medical records, communicating with stakeholders via email and providing computer-based editing of reports for one staff person employed at that Bronx Court Clinic. All of these tasks can be fully and completely accomplished remotely without diminished timeliness or quality.

Another aspect of my job entails occasionally speaking to lawyers and judges on the phone. This task can also be accomplished fully and completely remotely, and without diminished timeliness or quality. The clerical and administrative duties at the Bronx Court Clinic are handled by operations and outside my purview.

In closing, I am requesting accommodations that include a later start time, a flexible schedule, and shift changes as needed. I also request the ability to work remotely and a network connected laptop computer in order to do so.

I am certain that with accommodations I will be able to perform the essential functions of the job without any undue hardship to management, Correctional Health Services (CHS) or HHC, and with no interruption in providing quality and timely psychiatric-legal reports to the Courts.

I look forward to an interactive and collaborative process.
Thank you for your help.

Melissa Kaye